

Peru is used to keep the dressings from sticking and, in case of a sinus, to prevent decomposition of secretions.

The wet dressing is used to prevent sealing of the wound by coagulation of the serum which exudes from the wound. If the amount of the discharge is small and if a dry dressing is used, the serum will coagulate and seal up the wound as effectively as could be done with collodion. The wet dressing should be covered with a non-absorbable dressing to prevent evaporation. The dressing is wet with normal saline, sterile water or a solution of boric acid. No strong germicidal solutions are used for reasons given below. The dressings are changed one to three times daily, depending upon the amount of discharge. They are not wet except when changed, as they will not get dry when properly covered. The wet dressings may be omitted when the amount of discharge is large, as a profuse discharge will of itself keep the dressings sufficiently wet.

In drainage cases the above treatment is used as soon as the drain is removed—no more drainage is inserted. In cases of fistulæ and sinuses no effort is made to keep them open at the top. The discharge is generally sufficient to keep them open. They occasionally close temporarily for one or two days and then reopen without any untoward effects, in my experience. These sinuses are not medicated as they are always due to some well defined cause which can not be removed by medicines.

Many things are done in medicine without reason as a result of custom. Good examples of this fact are procedures which are generally employed in the treatment of suppurative abdominal incisions, namely:

1. Free removal of sutures and opening up of the wound.
2. Probing of the wound.
3. Manipulation of the wound.
4. Irrigation of the wound.
5. Use of tubing and gauze in the wound.
6. Use of germicides and caustics in the wound.

The wounds are often much injured by carelessness as regards cleanliness. The opinion is quite general that aseptic care is not needed in the dressing of an infected wound, and in this way a mixed infection frequently results, much to the injury of the patient, and the mixed may be more serious than the original infection.

Meddlesome and painful treatment of these wounds interferes with the cheerful mental state of the patient that is essential to the free taking of food, rest and sleep, requisites to a healthful recovery.

Abstract of Paper on Pubiotomy.—By LOUIS J. PRITZKER, M.D., Chicago.

The operation is indicated in all cases of relatively contracted pelvis, with a minimum true conjugate diameter of 7 cm., where the disproportion between foetal head and maternal pelvis is sufficiently great to obstruct the further progress of labor and where, after a period of watchful expectancy it becomes evident that further inactivity may endanger the health or life of either the mother, the foetus or both. It thus stands as a compromise between relatively indicated cesarian section and symphysiotomy on the maternal side; and prophylactic dopalic version, induction of premature labor, craneotomy and embriotomy on the foetal side.

The operation should never be attempted unless the following conditions are present: The child must be viable, the mother in good condition, the os dilated and the cervix effaced.

The purpose of the operation is to widen the bony pelvis, by section of the body of the pubic bone on either side, in order to render delivery per vias naturales possible, and is performed in the interests of both mother and child.

The technic is simple. The patient is anesthetised and the field of operation surgically prepared. A small incision, no larger than about 2 cm., is made at a point immediately to the inside of the pubic spine cutting all the tissues down to the superior border of the pubis. In to the opening thus created is inserted the point of the saw-carrier and, closely hugging the posterior surface of the pubis, is forced down to a point in the inner border of the descending ramus below, vertically opposite the first incision. Here it is made to emerge by a puncture through the skin. A Gigli saw is then coupled unto the point of the carrier and the latter withdrawn upwards through the channel that it had entered. The saw, of course, following the carrier, is thus placed in position for work. Fifteen to twenty up and down strokes of the saw will sever the bone in twain, and the fragments, owing to foetal pressure, will separate to the extent of one or two finger widths and consequently relieve the bony constriction.

Labor may now be terminated by the application of forceps or allowed to progress spontaneously by means of natural forces.

The after treatment consists in the closure of the wounds by suture or sealing with collodion and a binder or adhesive plaster straps placed around the pelvis. Rest in bed for about two weeks.

Up to the present writing (1905) about 50 cases, with favorable results to mother and foetus, have been reported by various operators in Continental Europe.

TO PANAMA AND BACK.

BY HENRY T. BYFORD, M.D., 1873.

Several medical men have become distinguished in the realms of general literature, witness Dr. Oliver Wendell Holmes and Dr. S. Weir Mitchell, but the majority of us were surprised when Dr. Byford strayed from the field of medical writing.

That he had a good excuse for so doing he amply proves in his book, "To Panama and Back." In his journey to Panama Dr. Byford visited places which are of particular interest to his countrymen at this time and about which it is difficult to get satisfactory information. Several writers have recently written what purported to be "the truth about Panama." They, however, were led beyond the strict confines of truth by their imaginations or political prejudices! not so our author—he is honest. In addition to that rare trait in authors, Dr. Byford is graphic. When you finish reading of his trip, you feel as though you had taken the trip with him. You have felt the seasickness incidental to a trip on a small fruit steamer, you have learned your lessons of politeness from your Spanish-speaking neighbors, you have seen the beauties of the tropics and wondered whether the enjoyment of them would compensate you for continual perspiration which is an unavoidable accompaniment of tropical existence.

On the whole you decide that if you could be as philosophical as Dr. Byford and see the humor of the situation as he did, you would enjoy the trip.

You will find "To Panama and Back" more reliable than any guide-book and replete with information, humor and interesting views on various topics.

S. C. PLUMMER, M. D.